Monkeit

Lecture 33.

Intermittent Fever 3 Lecture

Gentlemen,

In leaving you at our last meeting, I promised to continue the subject of Intermittent Fever. — Having closed the last discourse with some curious and anomalous forms of disease occurring under masked Intermittent, I have now to complete this division of Intermittent fever by a consideration of Neuralgia.

Of all the forms of masked intermittent Neuralgia is by far the most common, exceeding in frequency of occurrence so far as my observation extends, all the other forms of this disease put together — and I very much question whether many cases, supposed to have been examples of the periodical recurrence of inflammatory affections, were no more nor less than a nervous erethism or a painful affection of the nerves of the part influenced. You will frequently witness cases of Neuralgia of the anterior tibial, occipital, infra orbitary, and palpebral branches of nerves, in quotidian, tertian, double tertian and quartan types. Many cases entitled Spasmodic asthma, have been, no doubt, a neuralgia of the pneumogastric nerves; and instances of intense periodical pain in the region of the heart, extending thence to the middle of the biceps, with deadly paleness, small and fluttering pulse, and inability in the patient to make the slightest movement, in a word are all the symptoms of Angina Pectoris. These cases I have

strongly suspected to be a neuralgia of the cardiac nerves, and have removed them by anodynes and Quinine and other antiperiodics. But of all the nerves subject to this affection, the branches of the 5th pair are most frequent. I shall therefore take the disease as situated in this nerve for my description of neuralgia. This affection is most generally found to prevail in Spring, particularly during a prevalence of strong easterly winds, and affects most persons in a quotidian and double tertian form. The invasion of the paroxysm ~~of the paroxysm~~ often takes place at 10 or 11 in the morning; but occasionally at night, and sometimes early in the morning.

In those ~~cases~~ cases which have come under my own observation there was in the commencement a slight chill, amounting perhaps to little more than some coldness ~~and~~ of the hands and feet; slight pain was next felt either above the orbit only, or both in the forehead, over the cheek and along the gums and ~~teeth~~ sometimes in the teeth of the affected side. This pain quickly becomes intensely acute and agonizing, and often we may perceive an injection of the conjunctiva of the same side; lachrymation or an abundant discharge from the corresponding nostril, and flushing of the cheek. This excruciating pain continues from a period varying from six hours, or longer, then becomes easier or subsides with slight moisture of the skin and finally disappears totally, with the exception of a little tenderness or soreness of the part which had been the seat of the pain.

During the paroxysm there is some heat of the surface, and the pulse becomes rapid and

is increased in force. Throughout the attack the urine is high coloured, and deposits uric acid sediment; the tongue is furred, until the state of the digestive functions are corrected by proper remedies.

The most troublesome of the different forms of neuralgia which I have met with in practice are those abdominal pains which affect females, more particularly at their menstrual period; these pains shoot down the thighs. They sometimes appear to begin in the back, and extend towards the abdomen, in which case the bowels are generally found constipated. The discharges in these cases by stool consists either of very hardened faeces, or of gelatinous matter, resembling half digested worms; at other times the evacuations have a frothy yeasty appearance. I have more than once suspected this condition to be associated with a rheumatic or gouty disposition & applied my treatment to these conditions accordingly, and been successful in the cure: If the attack comes on during the menstrual period, affections of the bladder supervene. The affection which I am describing, I wish you to understand is of a different nature from that which is called as described in your books Dismenorrhea. I have treated cases of this form of neuralgia, where the menstruation was copious, of a natural appearance, and not attended with pain. The first few cases I intreated of this form of neuralgia perplexed me considerably in the treatment, and continued in despite of the different remedies, the condition appeared to demand; & was not successful until I become intimately acquainted with the pathology of the disease; afterwards they cases which came under my notice were quickly subdued.

As I shall have to consider neuralgia in a more extended view when I come to the examination of the diseases of the Brain and nervous System, I will pass on, as introductory to the treatment of the different forms of intermittent fever, to the investigation of the changes effected in the system by malaria, of which the symptoms of ague are the signs. This I must acknowledge is a very difficult point, especially to decide upon the precise nature of the changes which the phenomena of intermittent fever presents. For the better understanding of this part of the subject, I shall present those changes in two points of view, each as taken by different pathologists. By those pathologists who believe in the presence of local inflammation, and hence termed localists say that a paroxysm of ague, is the sign of an intermitting local inflammation; whilst by ~~the class~~ the other class, the paroxysm is supposed to be a fever, which is known by certain signs, but with the intimate nature of which we are not as yet fully acquainted; and which though it is acknowledged that topical inflammation may accompany or complicate; but such inflammation is not thought to be the essence and the cause of all the phenomena of an intermittent ~~fever~~ paroxysm.

Those who oppose the opinion that an intermitting paroxysm is a sign of local inflammation remark, that though sanguinous congestions unquestionably exist during a paroxysm of intermittent; and cease at its close, yet it is not easy to conceive actual inflammation; but if we consider it as constituting the whole of that state, the distinction between

congestion and inflammation is at an end; and it would perhaps not be very easy to draw the line between the latter and the occasional condition of the erectile tissue. Besides, if we regard the lesions which are discovered in fatal ague; of which so full an account I have placed before you, it will be impossible to conceive that such extensive disorganization should have been produced during the last fatal paroxysm.

It will be evident that the inflammation which operated such changes must have been existing in the parts for a considerable period, and consequently, that intermitting symptoms ought not to be ascribed to this permanent cause. From the facts known respecting the inflammations which attend ague, it appears that the doctrine of ~~[illegible]~~ the localists requires a more ample and impartial investigation, than it has yet received, and the condition how far a permanent inflammation may manifest its existence only at intervals and periodically, and by the phenomena of a fit of ague should form an important part of such investigation. The extreme feeling of debility, the pain and giddiness of the head, the aching of the loins, a certain degree of obscuration of the intellectual faculties, and the intense coldness of the surface, would favour the opinion that the mass of blood had primarily undergone vital changes, involving the nervous system ~~[illegible]~~ and as instrumental in producing the general symptoms. Here, gentlemen, is an inquiry worthy of your serious reflection, and I hope that some one of you may ~~[illegible]~~ give honor and reputation to yourselves and to your school

by establishing the determinate condition produced by Malaria as evinced by the phenomena of intermittent fever.

Intermittence, or why the paroxysms of intermittent fever should recur at regular & irregular periods is, so far as I know an ultimate and unexplained pathological fact. Speculative attempts at its explanation have been offered to the profession, but nothing conclusive and satisfactory has yet reached us.

Thus, gentlemen, I have brought before you every point of importance to a well understanding of Intermittent fever, and under this impression I shall now proceed to describe the treatment of this important disease.

It was in the earlier periods of medicine a subject of controversy among physicians whether intermittent fever should be immediately cured, or allowed to persue its course. Many of the older physicians believed that an attack of intermittent, acted depurantively, and relieved the system of other morbid derangements. They reasoned that the febrile symptoms, were the natural cure of some other disease, and therefore to interfere would be injurious to the constitution.

But instead of adopting these principles I would urge you to remove the disease, as quickly as you possibly can; for it must be evident from the history course & complications of the disease, already pointed out, that danger exists in the persistance of the simplest form of fever, for there is no surety what injury might ensue from sudden

and dangerous involvements of the organs implicated. The observations of Dr Fordyce, which I will give you in his own words is worthy of your remembrance. He says "there cannot be a moment's hesitation in determining to restore the patient to perfect health at once, where there any remedy or mode of treatment that could certainly prevent the return of the paroxysms of a tertian intermittent, and take off the symptoms remaining after the crisis, so that no other disease should follow. But there is most undoubtedly no medicine uniformly efficacious, or that always leaves the patient in tolerable health, and secure of not being destroyed by the remains of the disease, or by any disorder arising in consequence of it." These are the words of Dr Fordyce; and are valuable as coming from the experience of so accurate an observer. The discovery of that one remedy, which will always cure intermittent fever is a desideratum which we highly desire, but such a remedy we shall never discover. I do not believe that there is any such agent as a specific in Medicine; nor could there be one in the disease which we are treating. If intermitting fever had but one regular train of phenomena; ~~such a remedy might be applicable; but where are we that~~ and in all cases in one degree; if the constitutions of individuals were in every instance precisely similar; if the idosyncrasies were laid under the same rules; if there were no changes of climate; if but one degree in the force of the actions of the predisposing and exciting causes; we might then with great

~~[illegible]~~ probably look ~~[illegible]~~ for the discovery of one specific in the treatment of the disease.

But we have seen the various forms, which this malady assumes, the changes in its types, the complications ~~of the various~~ different organs in the different cavities of the body, and the great differences produced by the actions of its different predisposing and exciting causes, as to put it out of the question to expect to cure its innumerous forms with any one remedy. I am aware, gentlemen, that some practitioners assert their knowledge of an individual remedy which will cure the disease in any of its form; but it should be remembered by the advocates of this opinion, that there are many states of the fever, which, perhaps they have never witnessed, and but one negative fact must be fatal to the belief.

Waiving this consideration, I am opinion, however, that although no one remedy has yet been discovered, I am ~~[illegible]~~ convinced that the proper institution of bloodletting, sometimes even in the cold stage, with purgatives of calomel, with certain other laxatives; followed by any one or more of the antiperiodics, as ~~[illegible]~~ Peruvian bark, Quinine, and its compounds to be as certain a mode of treating intermittents, as any other treatment can be said to be certain in the treatment of any other class of diseases.

Before I enter upon the description of treatment of the particular forms of intermittent fever, I shall examine into the effects of the various remedies, which are employed, and to endeavour to point

out the particular circumstances of the disease to which each are respectively applied.

These remedies may be advantageously ~~applied~~ classed under the following heads: viz: ——

1st General bloodletting
a. Local bloodletting, cupping.
b. " " leeches.

2. Purgatives. 3d Emetics. 4 Mercury.

5 Opium. 6 Class of antiperiodics.

Of General bloodletting – The employment of this agent ~~though~~ frequently useful, and often imperiously called for in the complicated forms of the disease, appears to me to be a remedy of doubtful ~~character~~ value or even safety, in mild or simple intermittents.

At the commencement of ague it is very usual to find the intermission too imperfect to admit of Quinine or arsenic or other of the Class of antiperiodics; being resorted to for terminating the disease ~~the disease~~, but rest, with a light cooling diet, mercurial purgatives combined with antimonials, and local bleeding to the epigastrium if there be tenderness over this region, will generally suffice, without the assistance of general bleeding, to bring the into a condition required for the administration of Bark, or Quinine.

Should, the ague, however, in any part of its course be complicated with inflammation, existing, not only

not only during the paroxysm but in the intermission, in such intensity as would under other circumstances indicate the necessity for general bloodletting, it should be employed with all possible quickness – Your patient should be seated erect while abstracting the blood, that you may make a more early and positive impression upon the circulation without the detraction of a large amount of the blood. In delicate persons & especially females of weak constitutions this rule should not be disregarded. For too frequently this class of patients never regain their constitutional vigor after too free bleedings in fever.

In regard again to general bloodletting my experience furnishes me with numerous cases of intermitting fever, in vigorous habits, which resisted all the antiperiodics in my profession, owing no doubt to a local inflammation, where after general bloodletting were easily subdued. But the propriety of practising it indiscriminately as a remedy in ague I must own appears to me questionable; nor should circumstances render its employ advisable, does it appear to be established that the cold stage of the paroxysm, which is the period selected by the greatest advocate for general bloodletting, Dr McIntosh, for its employment, possesses any advantage over the intermission, unless the disease be complicated, then it becomes imperatively necessary. The second period, that is the period of excitement, seems better suited for giving the physician a precise knowledge of the extent of the local complication, and for enabling him to adjust the quantity of blood to the necessity of each case. Dr McIntosh has in the 2nd volume of the Edinburg Medical & Surgical

Journal in two papers advised the employment of general bloodletting in the cold stage of ague, which contains many cases illustrative of the efficacy of the practice;

I would refer for a description of his cases to his Practice of Medicine, edited by Dr Morton & published in Philadelphia and found in our Book stores —

a. Local bloodletting.

In regard to Local bloodletting it is a safe remedy in many conditions attending intermittent fever. Where there is tenderness of the Epigastrium or of the right or left hypochondrium, the application of leeches or where they cannot be obtained, of cups afford considerable benefit to the patient, and more especially in the slighter gastric, hepatic & splenic complications, which those of you who should practice in warm latitudes will find of frequent occurence, and may in the slighter complications be properly substituted for general bloodletting in the inflammation of an organ, if not of a sufficient intensity to keep up constitutional excitement during the intermission of the fever. I may here observe that there is no inconsistency in the employment of moderate depletory measures being properly accompanied or followed by antiperiodic remedies, as Solution of Arsenic or Sulphate of Quinine.

I wish it understood that the intermittent fevers of hot climates require and bear more free depletory measures, both general & local than those of temperate climates.

In the writings of the Italian physicians, and from whom no doubt Dr McDowell obtained his first notions of the efficacy of general bloodletting in the cold stage, it is found they generally commenced their treatment by the abstraction of blood from the arm in the cold stage, in consequence

of the intermittents, near Rome being joined with more serious complications than those of any other country.

In summing up the importance of general & local bleeding I would repeat that, in simple, uncomplicated forms of intermittents occurring in temperate climates, general blood-letting may safely & properly be dispensed with; but where complications occur from their long continuance, then very moderate general abstractions of blood will be beneficial, or according to my own observations it may be superseded by local bleeding. Should you, however, meet cases where the paroxysm is of ~~long~~ longer continuance, than its usual duration, with or without complications, I would advise ~~caution~~ general bleeding; especially in such cases where the brain & its membranes and the thoracic cavity appear any way complicated; but would prefer if ~~the~~ abdominal complications are associated, local bleeding would, perhaps, be more decided, advantageous

Purgatives

The next class of remedies to be examined are Purgatives

These remedies are of the utmost value in the treatment of intermittent fever, and circumstances forbidding their employment are of uncommon occurrence. — no other condition but unusual debility should cause you to neglect their employment. In consequence of the great tendency which this fever has to involve the ~~liver~~ Liver, the best preparation as a purgative will be found in the administration of Calomel. My practice is generally to obtain free evacuations by 10 to 15 grains of Calomel, either

in pill or powder form as may best suit the wishes of my patient — or the Calomel combined with a few grains of Rhubarb, when preferred in a pill form, managing its exhibition so as to have its operation over some hours before the return of the expected paroxysm. After the operation of this agent, as soon as possible it is followed by Sulphate of Quinine, Bark or Fowler's Arsenical Solution. I have had frequently to repeat the purgative dose of Calomel throughout the disease; but always using caution which I have mentioned, and the result generally showed the propriety of the course of treatment. Irritation or even inflammation of the gastro-enteric mucous lining of the stomach & intestines should not be considered a reason for withholding the exhibition of purgatives; for in the worst cases of ulceration or other lesions of the membranes have been found in the practice of those who abstained from them; and you may take it as satisfactorily ascertained that the judicious exhibition of purgatives never tends to induce inflammation nor ulceration; nor to aggravate either if they exist; although we grant it is possible to excite irritation of the mucous surfaces by incautiously and unnecessarily purging the bowels.

It is very necessary here to remark that there is a time for the administration of purgatives in intermittent fevers. Care should be taken not to give a purgative the night previous to the expected paroxysm, although the patient should have missed the fit of ague, as the operation of the purgative the next day, seldom fails to return the paroxysm on the following day. If you are practising in the

in the city or ~~country~~ county, and should have few patients, and one or more them are rich, you can very easily keep your attendance, by an occasional visit on the day before the expected paroxysm, by ordering a few purgative pills on that night as necessary to regulate the bowels. More than likely, the next day you will receive an urgent message that the patient has had a return of his ague fever. I do not mention this fact to excite you to such unfair & unprofessional conduct; but to impress the circumstance more indelibly upon your recollection while treating intermittent fever —

In your choice of purgatives, the combinations of Blue Mass of Mercury, Calomel, Rhubarb, aloes and castile soap in such proportions as in your judgment are suitable for the respective cases; at the same time not forgetting to keep your patient under the influence of regulated doses of Quinine or whatever other antiperiodic chosen, and for one or two weeks after the last paroxysm. The recurrence of the ague is too frequently the fault of the physician, in suspending his remedies before the organic functions have been so far relieved as to enable them to resist the force of the predisposing & exciting causes.

I now reach the consideration of <u>Emetics</u> in the treatment of intermittent fevers.

Emetics are remedies much used by many practitioners at the commencement of the cold stage, or a short time prior to the period of its expected recurrence, provided this be ascertained. Dr Eberle in his Practice of Medicine remarks "that an Emetic given in the cold stage is one

of the best means of shortening its duration. My own experience with this class of remedies in intermitting fever has not been extensive. I have not the least doubt, however, that the administration in the commencement of the cold stage has generally the effect of shortening this stage, and rendering the whole fit milder; whilst the giving it before the fit occasionally prevents it altogether. If given at all, it should in either mode, be considered only preparatory to the employment of purgatives & antiperiodic medicines, and with this view it ~~may~~ possibly may be usefully adopted. But where there is tenderness of Epigastrium I should hesitate ~~the~~ giving of an Emetic; for with this circumstance, emetics on no account should be administered. Some practitioners employ Tartar Emetic, others a combination of Ipecacuan & Tartar; others again prefer Ipecacuanha alone. I have frequently administered a combination of Calomel & Ipecacuan with good effect in cases of functional disorder of the Digestive apparatus, without inflammatory complication.

The next class of remedies to be investigated for the cure of intermitting, is Mercury.

I have never employed this mineral except as a Purgative in simple states of this disease; but where it is accompanied by complications it will be found one of our ~~best~~ most valuable remedies.

The ~~action~~ constitutional action of Mercury almost always suspends the paroxysms of ague; but instead of the use of it in simple Intermittent we can accomplish our purposes by milder

remedies; and indeed, the cures effected by its agency are rarely permanent, the disease I have known frequent=ly to reappear immediately on the cessation of its action, or very soon afterwards. But in the complications of the abdominal cavity where the Liver & Stomach is implicated in the disease, it is a remedy of super=lative value; and no one who shall have been long in practice will deny its absolute necessity in these varieties of sequelæ.

Mercury may be employed combined with the different antiperiodics — either Quinine or Piperine the complications being removed by the alterative action of the mercury & the recurrence of the paroxysms being suspended by the action of the associated agents. After the full action shall have been had, the antiperiodics must be continued alone as a security against the relapse of the disease —

Where the Mercury cannot be received by the mouth, inunction with strong mercurial ointments must be substituted. In the complications of a malignant nature occurring in hot climates — especially the West & East Indies, the writers tell us they employ Calomel in large doses. Annesley in his work on "Diseases of India" recommends the admin=istration of Scruple doses of Calomel for one or two nights, giving a purging draught on the following morning to assist the operation of the Calomel; and he afterwards continued it in more moderate doses till the tongue becomes clean, when he then administered Peruvian Bark and its preparations.

Dr Annesley likewise recommends the giving of scruple doses of Calomel combined with two grains of opium, to allay the irritability of the stomach, which so frequently attends the paroxysms. I can bear witness to the efficiency of this combination, in the similar conditions observed by me in many cases which have occurred to me while practicing in a Malarious district of our county, Patapsco neck.

Our lamented Professor Dr Potter of the University of Maryland was a great advocate for large doses of Calomel in the severe complications of intermittent fever. It was a sine qua non with him. In his lectures he was wont to say "Do not spare it, give it in teaspoonfull doses for I have frequently exhibited 200 & 300 grains before the disease yielded" I would not advise such a herculean practice as this, believing in the complications of intermittents in temperate climates, it is only occasionally we meet with cases requiring such treatment.

Regarding the use of opium in intermittent fever, it may be said, it was one of the earliest employed in the treatment of this disease. It has been given during the intermission, at the very commencement of the cold stage, and in the stage of excitement.

Those physicians who rely upon opium to the cure of this disease, give it during the intermission

Mr. Jourdain gives it in combination with Tartar Emetic. The inference to be taken from what he says respecting the effects of opium when combined with Emetic tartar, and from my own experience is, that it should not supersede the exhibition of Quinine

or those medicines generally found effective in preventing the paroxysm

But in cases of ague occurring in irritable habits, debilitated constitutions; persons broken down by debauch and intemperance; and particularly when complicated with an irritable stomach with bark, Quinine, will be found a useful addition. In these conditions I have found one & two drop doses of Hydrocyanic acid associated in the treatment, to allay the great distress of stomach and prove sedative & tranquillizing.

The second mode of the exhibition of opium is just at the commencement of the cold stage, or an hour before, & sometimes shortens this stage, and renders the paroxysm milder. These facts according to Dr Sommers, who was a British surgeon in the army, and stationed in the Peninsular Hospitals, he witnessed. He says that the soldiers observing this effect of opium, would regularly apply for a draught of 60 drops of laudanum; One drachm of Sulphuric Ether in an ounce of water, when they see their nails becoming blue, which they knew to be the first sign of commencement of the ague. And according to Dr Lind's experience the use of opium in the hot fit is extremely serviceable He attributes the following effects to its exhibition in the hot stage. He says "that it shortens and abates the hot fit; and this with more certainty than one ounce of Bark." In generally, he continues, it gives sensible relief to the head, took off the burning heat of the fever, and occasioned a profuse sweat,

free ~~[illegible]~~ from the burning sensation which affects patients sweating in the hot stage.
He further adds "that it often procured a soft and refreshing sleep to the patient tortured in the agonies of fever, from which he awoke bathed in sweat, and in a great measure from all complaints". He inculcates the opinion that the employment of opium during the paroxysms tended to lessen their force and duration, to render the patient less prone to complications of the liver & consequent dropsy.

~~Of the use of opium in the hot stage of intermittent I have had no experience, and therefore can advance no reasons for or against it. I have purposely brought before you the practice of Dr Lind, that you may become acquainted with the experience of the most qualified the profession in its use, and hereafter~~

Besides opium many other stimulating articles have been given to the profession as valuable remedies ~~to be given preventive~~ during the cold stage of ague, with a view of abridging and cutting short the paroxysm. The oil of turpentine in doses ℥ss is recommended for this purpose. Celsus, it is said gave garlic plentifully to his patient to eat and to swallow pepper corns largely during the cold stage. Dr Devees in his Practice of Physic recommends the pepper corns to be swallowed freely during the intermission. Pipervine combined with the Quinine would answer a more sure purpose. This article aperated with Quinine & have found a valuable and efficient anti periodic. - It is during the intermission that these

* It is obvious that the effects of a moderately tight tourniquet and of a ligature will be the same, that is by retaining the blood in the limbs compressed by them.

Dr Kellie has written a paper in Duncan's Medical Commentaries for 1794 on the use of the tourniquet; which paper I would advise you to ~~read~~ examine. He tells us if a tourniquet were applied in the cold fit on one thigh and one arm of opposite sides for two minutes, a mild hot stage was induced, and the patient felt himself greatly relieved. His practice was to allow the instrument to remain about 15 minutes, and observes that on the removal the cold symptoms did not return. The author is of opinion that if the tourniquets be applied previously to the accession of the paroxysm, the cold stage will be entirely prevented, or whether the cold stage be either shortened or altogether prevented, the following hot stage will be rendered both milder and of shorter duration. I believe this practice has not been largely employed ~~in this country~~ in the United States; I have never had occasion to use it, but a later writer than Dr Kelly, M. Bailly of Paris, strongly urges its adoption in malignant complications of intermitting where there is much to be dreaded from a recurrence of the paroxysm. And when we come to reflect that in some cases of malignant intermittent a recurrence of the paroxysm would be fatal to the patient, this mechanical means should not by any means be neglected. With the other measures instituted for its prevention it becomes our ~~one~~ absolute duty to the patient to give him the advantage, ~~and~~ as its application is so easily accomplished.

There are many interesting cases reported by Dr Baillie, wherein he thinks he saved the life of patients, which otherwise would have been lost. For a relation of these cases permit me to refer you to his Tract des Fievres Intermittent. The mode of action of this remedy must be found in the impediment presented to the afflux of blood to the interior, which forms so important a feature in the cold stage, by its confinement in the extremities - see p. 20

remedies, are more strikingly beneficial. ~~[illegible]~~,
~~Of course~~ among the numerous means recommended to suspend or abridge the cold stage of intermittent, I should mention the application of tourniquets or ligatures to the limbs. Many practitioners employ this means & speak highly of its advantages; and as it is so ready & easy to put in requisition it deserves a trial.*

☞ I should now ~~to~~ proceed to investigate ~~the~~ ~~individual action~~ ~~the~~ another class of remedies
Nov 21 employed for the cure of intermittent; but my hour having so far expired, I will have to postpone it till our next meeting, when I shall bring ~~this~~ the investigation of this highly interesting disease to a close. Gentlemen, let me remark before I take my leave, that a perfect understanding of intermittent fever, ~~prepares~~ gives the ~~successful~~ treatment of two thirds of the disease "Flesh is heir to".

JNO

Nov 4. 1850
Confined to room.